EXHIBIT B

Case 06-10725-gwz Doc 8707-2 Entered 07/24/11 14:44:12 Page 2 of 11 **FÓRM B10 (Official Form 10) (10/05)**

United Statis Bankruptcy Court	Dis	TRICT C	F Nevada	PROOF OF CLAIM
Name of Dehtor USA Commercial Mortgage Company	Case I	Yumber (06-10725-LBR	
NOTE: This form should not be used to make a claim for an administrative expense me	strative exp ny be filed p	ense arisi pursuant i	ng after the commencements II USC § 503	nt
Name of Creditor (The person or other entity to whom the			you are aware that anyone	
debtor owes money or property) Walter Musso & Barbara Musso Trustees of the Musso Living Trust dated 11/30/92	your		a proof of claim relating t Attach copy of statement lars	to
Name and address where notices should be sent Welter Musso		es from	you have never received a the bankruptcy court in the	
P O Box 2566	Che	ck box if	the address differs from the	
Avila Beach, CA 93424 Telephone number 805-595-2123		ess on the court.	e envelope sent to you by	THIS SIMCE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Che	ck here is claim	replaces amends a previously	y filed claim dated
1 Basis for Claim			etiree benefits as defined	
Goods sold			ages, salaries, and comp ast four digits of your SS	ensation (fill out below)
Services performed Money loaned			npaid compensation for	
Personal injury/wrongful death		fr	om	to
Other See Exhibit A			(datc)	(date)
2. Date debt was incurred November 21, 2003	3.	If cou	rt judgment, date obtai	ined·
4 Classification of Claim. Check the appropriate box or boxes to	hat best des	enbe you	or claim and state the amo	ount of the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim \$_623,004.79		Secur	red Claim	
Check this box if a) there is no collateral or lien securing you	ur claım, or	a righ	Check this box if your cla t of setoff)	um is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	-	Brief Description of Coll	ateral
Unsecured Priority Claim			Real Estate Mo	otor Vehicle Other
Check this box if you have an unsecured claim all or part of entitled to priority	which is	Amou	int of arrearage and other	charges at time case filed included in
Amount entitled to priority \$		L	ed claim, if any \$ 8.36	
Specify the priority of the claim.		OF SCTVI	ces for personal, family, o	d purchase, lease, or rental of property or household use - 11 USC
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or [7]	§ 507(a		mmental units - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned with	180		•	raph of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 USC § 507(a)(4)	xors ∐ ≀A*		• • • • • • • • • • • • • • • • • • • •	on 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. \$ 5070				l on or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	\$		04 79 623,004,79	623,004 79
Check this box if claim includes interest or other charges in ac interest or additional charges.	idition to th	(unaecu e princij		(priority) (Total) Attach itemized statement of all
6. Credits The amount of all payments on this claim has bee	n credited a	and dedu	cted for the purpose of	THIS SPACE IS FOR COURT USF ONLY
making this proof of claim 7 Supporting Documents: Attach copies of supporting documents.	mente essah	se nmm	secory notes numbase	
orders invoices itemized statements of running accounts, cont	racts, court	judgmer	nts, mortgages, security	TED 1811 1 0 2007
agreements, and evidence of perfection of lien DO NOT SE				FLED JAN 1 6 2007
documents are not available, explain If the documents are voli 8. Date-Stamped Copy To receive an acknowledgment of the			•	
addressed envelope and copy of this proof of claim			•	
Date Sign and print the name and title, if any, of file this claim (attach copy of power of attach.)			r person authorized to	
1/8/07 / 1/0/1/2000 -		Λ		USA CMC

Case to-10725-9WZ Dott 8707	PRO	OF OF CLAIM	14.12)0 0 01 11
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	725-LBR		EIVED D OCT 2
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		Hand →
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	OWED MONEY BY A BORROWER
Name of Creditor and Address 11321242037590 NAKASHIMA VICKY 1681 FAIRBURN AVE LOS ANGELES CA 90024	0	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU DO OF CLAIM THIS I BORROWER HELI DO NOT FILE THIS SECURED INTERE ONE OF THE DEB If you have alrea Bankruptcy Court of	MOT HAVE TO FILETH PROOF INCLUDES MONEY FROM THAT PINTHE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (310) 474-3629		court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of CLIENT ID#7464 & 7290	debtor	Check here replace of this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 12/27/05, 1/24/06		OURT JUDGMENT, DATE C	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is			ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage as secured claim if any	nd other charges \$ 5,000.0	<u>at time case filed</u> included in <u>O int</u> erest
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town services for personal family of		
Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	<u>ַ</u>	Taxes or penalties owed to go	vernmenfal units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable par * Amounts are subject to adju-		
5 TOTAL AMOUNT OF CLAIM \$ \$	155 0	with respect to cases commer	nced on or after the o	
5 TOTAL AMOUNT OF CLAIM \$ \$ 1	155,0	00 00 \$	(pnonty)	\$ 155,000.00 (Total)
Check this box if claim includes interest or other charges in addition to the	•	•	.,	•
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts court judgments mortgages security and DOCUMENTS of the documents are not available explain of the B DATE-STAMPED COPY To receive an acknowledgment of the	<u>uments.</u> s agreemen documents	uch as promissory notes pur its and evidence of perfection s are voluminous attach a su	chase orders involved of lien DO NO mmary	pices itemized statements of T SEND ORIGINAL
proof of claim		, 		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, a governmental units)	n, prevaili corporati	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OOR OVERNIGHT DELIVERY TO OUD		
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	1330 Ea	ACM Claims Docketing Cente st Franklin Avenue ndo CA 90245	er i	
DATE . ISIGN and print the name and title if any of the	he creditor	or other person authorized to file		USA CMC
this claim (attach copy of power of attor Vicky Nakashima		nakashim		1072501018

Nume of Dahlar USA Commercial Mortgage Company	DISTRICT OF Mayada	PROOF OF CLAIM
	Case Number 06-16725-LBR	PACOF OF CLAIM
NOTE. This form should not be used to make a claim for an administrative expense we the union. A "negatal" for payment of an administrative expense we	eralise expense ensure after the communicated by de filed pursuant to IT U.S.C. § 103	7
Name of Crainor (The person of tither eatily to whom the letter sworth Savings Balik Custodian for NANCY R. GILMOUR IRA	Check box if you are make that anyone eight kes filed a proof of alaim relating to your claim. Assain copy of matematic	
Name and address where searces should be sent. Name or Gilmour	Check box if you have pover received any notices from the bankruptcy open in this	
PO Box 1241 Campho 'siand WA 98292-1241 Telephane number 980-387-9807	Case. Check box if the eddress defeat feets the address on the envelope sunt to you by the court.	THE SPACE AS HOW COUNT UNIT ONLY
Liss four algits of account or other number by which creditor Jentifien debier. 7180	Check how implaces If this claim amonds a proviously file	c clare, deted
Back for Clase Gadu sold Sarvices perforaged Money touned Personal Injury/arongout death	Review benefits as defined in Wages salaries, and component Lest four digits of your SS 4: Unpaid componentian for services	dor (fill out below)
7 Other See Exhibit A	(date)	(data)
Date debt was incurred: 11/21/05	3. If court judgment, date abjained	
Check this box if, a) there is no collected or lice because your of your claim exceeds the value of the property securing it, or if o) to only part of your claim is estilled to provity insecured Priority Claim. Check this box if you have an unsecured claim, all or part of winding to priority mount entitled to priority.	Real Base Motor	Ahlale Other Other
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X1)(B)	The same and the second of the	
Wages, safaries or commissions (up to \$10,000), and within the following pathon of the design pathon or constron of the design sainess, whichever is earlier in U.S.C. \$507(2)(4)		07 Med Avery I were thereafter
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Contributions to an employee benefit plan - 11 U.S.C. § 507(a); Total Amount of Claim at Time Case Flied: Check this box if claim includes interest or other charges in additioner or additioner or additioner or additioner.	203,004 14 203,004,17 (pure to the claim. Attach	07 and every 3 years thereatter ofter the date of educinizat. 203.004 11
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Contributions to an employee benefit plan - 11 U.S.C. # SUTIAN. Total Amount of Claim at Time Case Filed: Check this box if alians includes interest or other charges in additurble or additional charges. Criedits: The amount of all payments on this claim has been a making this proof of claim. Supporting Documents: Attack copies of appearing documents analysis. Heading the proof of claim. Supporting Documents: Attack copies of appearing documents are not localized statements of running accounts, comback appearants are not evaluable, explain. If the documents are volume commons and copy of this proof of claim. Date Stamped Copy. To receive an admoving each of the film accounts at volume and only of this proof of claim. Sign and print the name and title, if any of one file this pigim (attack copy of power of atterner.)	203,004 H 203,004 17 Limited (secured) (pour to the principal another of the claim. Attach redited and deducted for the purpose of The such as promissory notes, purchase is, court judgments, morragens, accurity ORIGINAL DOCUMENTS if the mous, much a summary g of your claim, enclose a stamped, self- creditor or other person sutherland to y, if any) Nancy Ft. Gilmour	FILED JAN 11 20

FORM #18 (Official Form 10) (10/08)	
Unsted States Bankruftey Court	DISTRICT OF NEVERTE PROOF OF CLAIM
Numer of Dahler USA Commercial Mortgage Company	Case Nember 06-10725-LBR
NOTE. This form should not be used to make a claim for an administre, A "negacit" for payment of an administrative expenses we	
Name of Creditor (The person or rither eatily to whom the letter sweet First Sevence Book Custocken for NANCY R GILMOUR IRA	Checa Son if you are aware that anyone eight has filed a proof of claim relating to your claim. Attach copy of malamost giving personium.
Name and address where notices should be sent Namey R. Gilmour PO Box 1241 Campho (stand WA 86292-1241)	Check box if you have never received any notices from the bankreptcy open in this case. Check box if this estimate define from the address on the convelope sent to you by This sents at the Cream Us. Only
Telephone number 380-387-8807 Last four digits of account or other number by which creditor identifies debtor 7180	Check here replaces a previously filed claim, deted
Gaodu spid Gaodu spid Services performed Mostay ionsted Perford Mistry/Pringed death Thus Other See Exhibit A	Recirce benefits as defined in 1 U.S.C. § 1114(a) Wages, salaries, and environmental (fill out bullow) Last four digits of your SS 4; Uppaid compassation for nervices performed from
2. Date debt was incarred 11/21/05	3. If court judgmous, date abinined:
See severe sufe for separate explanation Unpercented Nonpriority Claim \$ 203,004.11 Check this box if: a) there is no collegeral or then securing you by your claim exceeds the value of the property securing it, or if c) only part of your claim is estitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of a solution to priority	Real Brance Motor Vehicle Other Vehicle of Collegeral 5 Unitended Amount of arrestness and other charges at time case filed included in
Amount critical to priority S. Specify he priority of the claim. Domestic support obligations under 11 U.S.C. 5 507(a)/1(A) of (A)(1)(B)	
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5. Total Amount of Claim at Time Case Flied: Check this box if alarm uncludes interest or other charges in side	a 203,004.14 203,004.11 203,004.11 General (secured) (priority) (Tiper) Idition to the principal amount of the claim. Attach legalized stagement of all
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bedirated envelope and copy of this proof of claim. Date Sign and print the nerte problem, if any of a file this paper again (attach copy of power of actor	FILEU JAN 16 ZU
01/09/07 // mry K Mh	Nancy R. Gilmour USA CMC
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PAGE 01

GILMOUR?

2690-18E-09E 9Z 1T 1002/60/T0

FORM B10 (Official Form 10) (10/05)

United Stales Bankruptcy Court		
Name of Debtor	DISTRICT OF Nevada	PROOF OF CLAIM
45A Commercial Mortgage Compan	Case Number	
NOTE This form should not be used to make a claim for an admin of the case. A request for navment of an administrative	y 06-10725-LBR	4
paymon of an administrative expense in	nay be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	1
dibtor owes money or property) Richard Nevins and Michele Nevins. myshand and write	else has filed a proof of claim relating to your claim Attach copy of statement	
Michele Nevins, nusband and wite, 95 10 nt tenants with pight of survivishing	giving particulars	
Name and address where notices should be sent	LI Check box if you have never received any	
Richard Nes ns	notices from the bankruptcy court in this	
El P450, TX - 19975	Check box if the address differs from the	
Rank and address where notices should be sent R. charch Neins 1547 Bob Goalby Lane El Paso, TX - 19935 Telephone number (915) 593-0119	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor identifies debtor-	Check here replaces	
	if this claim amends a previously filed	claim dated
Rasis for Claim	Retiree benefits as defined in 11	USC § 1114(a)
Goods sold Services performed	Wages salaries and compensati	on (fill out below)
✓ Money loaned	Last four digits of your SS # Unpaid compensation for service	es performed
Personal injury/wrongful death Taxes 1 1 1	fromto	
Other See Exhibit A	(date)	(date)
2. Date debt was incurred November 2003	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the Sec reverse side for important explanations	at best describe your claim and state the amount of	the claim at the time case file
Unsecured Nonpriority Claim \$ 1,399,379.86	Secured Claim	
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) noully part of your claim is entitled to property securing it, or if c) in	Check this box if your claim is s	ecured by collateral (including
only part of your claim is entitled to priority	none or a right of setorr)	, , , , , , , , , , , , , , , , , , , ,
Unseculed Priority Claim	Brief Description of Collateral	
<u></u>	Real Estate Motor Ve	hicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority		
Amount entitled to priority \$	Amount of arrearage and other charge secured claim if any \$24,379	s <u>at tume case filed</u> included in
Specify the priority of the claim		
Domestic support obligations under 11 USC § 507(a)(1)(A) or	Up to \$2 225* of deposits toward purchase or services for personal family or house	ase, lease or rental of property
a)(1)(B) 17 10 3 C \(\psi_30 \lambda_3(1)(A)\) or	§ 30/(a)(/)	
Wages salaries or commissions (up to \$10 000),* earned within ays before filing of the bankripton potition	Taxes or penalties owed to governmental	units - 11 USC § 507(a)(8)
ays before filing of the bankruptcy petition or cessation of the debtorusiness whichever is earlier - 11 U.S.C. § 507(a)(4)	rs Uner - Specify applicable paragraph of	II USC § 507(a)()
Contributions to an employee benefit plan - 11 USC § 507(a)(7 and every 3 years thereafter fter the date of adjustment
Total Amount of Claim at Time Case Filed	\$1,399,379 81 1,399,379 81	
Check this box if claim includes interest or other charges in additi	(unsecured) (secured) (prior	(Fotal)
Check this box if claim includes interest or other charges in additional charges. Credits The amount of all and a second control of a sec	don to the principal amount of the claim Attach it	emized statement of all
The amount of all payments on this claim has been comaking this proof of claim	redited and deducted for the purpose of Time	S SPACE IS FOR COURT USE ONLY
Supporting Documents Attach comes of supporting decimals		. Some in took Court USI ONLY
Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract agreements and evidence of perfection of large DO NOT STATE.		
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Date-Stamped Copy To receive an acknowledgment of the filin addressed envelope and copy of this proof of claim	ng of your claim enclose a stamped self-	
ate Sign and print the name and title if any of the		
file this claim (attach copy of power of attorne	ey, if any)	
19/07/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		
My Kulhauff (leur)	Richard Nevins	USA CMC
Pera is for meter tre imatter clair Fine of up to \$500,000 or tre	aprisonment for up to 5 ears c- both 18 L S t	1072502026

Case 00-10723-gw2 Doc 6707	PRO	OF OF CLAIM	H.12 Pag	C7 OI II
Jame of Debtor Case Nu		ımhar		
1101110 01 200101				
USA Commercial Mortgage Company	06-107	725-LBR	:	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case A "request" for payment		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ON!	Y OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
Name of Creditor and Address	77	statement giving particulars	OF CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
NIX JOHN	;	Check box if you have	BORROWER HEL	D IN THE COLLECTION ACCOUNT
836 TEMPLE ROCK CT		never received any notices from the bankruptcy court or	DO NOT FILE THI	S PROOF OF CLAIM FOR A
BOULDER CITY NV 89005		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
4		Check box if this address differs from the address on the		eady filed a proof of claim with the
i		envelope sent to you by the		or BMC, you do not need to file again
Creditor Telephone Number (102) 364-1284		court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces .	
Client 10 # 2628	_	if this claim amer	nds	filed claim dated
1 BASIS FOR CLAIM	_ Retiree l	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		r digits of your SS#		(not to hour balances)
Money loaned	Unpaid o	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the				ne time case filed
See reverse side for important explanations		SECURED CLAIM	see Atta	tched
UNSECURED NONPRIORITY CLAIM \$ 710,937.34	a) amara alaam	Check this box if you	our claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or be exceeds the value of the property securing it or if c) none or only part of y	your claim	a right of setoff)		
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town		
Wages salanes or commissions (up to \$10 000)* earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	/s	services for personal family of		- ',''
business whichever is earlier - 11 U S C § 507(a)(4)	-	Taxes or penalties owed to go Other Specify applicable par		* ****
Contributions to an employee benefit plan 11 USC § 507(a)(5)	<u></u>	* Amounts are subject to adju		
		with respect to cases commer	nced on or after the	
5 TOTAL AMOUNT OF CLAIM \$ 710 937.34 \$		\$		\$ 710,937.34
(unsecured)	•	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to				
6 GREDITS: The amount of all payments on this claim has been as				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts, court judgments, mortgages security DOCUMENTS If the documents are not available, explain If the	agreemen	ts, and evidence of perfection	of lien DO NO	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the				envelope and copy of this
proof of claim	g = / .	, 		
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pi for each person or entity (including individuals, partnerships,	m, prevailu	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		
BMC Group	BMC Gro	oup		FD NOV 4.0 2000
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente st Franklin Avenue	" [[[ED NOV 10 2006
El Segundo CA 90245-0911	El Segun	ndo, CA 90245		USA CMC
DATE SIGN and print the name and title if any of this claim (attach copy of power of attach.)	the creditor o	or other person authorized to file		
10-9-06 LISA NIX LISA TU	<u>/</u>			1072501175

UNITED STATES BANKRUBTOW GOUD TO 8707	2 PROOFIOFIZALAM:4		4410011 Maciela 610 1111 111 111 111	
DISTRICT OF NEVADA	I HOOF OF CEAM			
			YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s32183	
Name of Debtor	Case Number		Amount/Classification	
USA Commercial Mortgage Company	06-107	725-LBR	۱ ' -	
			\$1 100 28 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers]	, ı	
This form should not be used to make a claim for an administrative exp	ense	Check box if you are aware that anyone else has	MARKET	
arising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	or an	filed a proof of claim relating	ب ، The amounts reflected above constitute your claim as	
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	scheduled by the Debtor or pursuant to a filed claim If	
113212400	01365		you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file	
NORMAN & CHARLENE PRINS REVOCABLE LIVING		Check box if you have never received any notices	this proof of claim EXCEPT as stated below	
TRUST DATED 10/29/03 C/O NORMAN D PRINS & CHARLENE J PRINS		from the bankruptcy court or	If the amounts shown above are listed as Contingent,	
TRUSTEES		BMC Group in this case	Unliquidated or Disputed, a proof of claim must be filed	
7425 W 104TH ST BLOOMINGTON MN 55438 2114		Check box if this address differs from the address on the	if you have already filed a proof of claim with the	
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number (452) 941-3211 I D * 379	12_	court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	a proviously filed claim dated	
3198		if this claim amer		
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a) Unremitted principal	
Goods sold Personal injury/wrongful death		salaries and compensation (
Services performed Taxes	-	r digits of your SS #	(not for loan balances)	
Money loaned Other (describe briefly)		compensation for services pe	erformed from to	
	•		(date) (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	nt of the claim at the time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) you	our claim	Check this box if you	our claim is secured by collateral (including	
exceeds the value of the property securing it or if c) none or only part of you	r claım ıs	a right of setoff)	our claim is secured by collateral (including A mesburg_ Hatters Po M Bar USA collateral Martter Square	
entitled to priority UNSECURED PRIORITY CLAIM				
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	
entitled to priority		Value of Collateral	\$ Unknown by crafter	
Amount entitled to priority \$			nd other charges at time case filed included in	
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			ard purchase lease or rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	_	_	r household use 11 U S C § 507(a)(7)	
business whichever is earlier 11 U S C § 507(a)(4)	-	7	vernmental units 11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>		agraph of 11 U S C § 507(a) () streent on 4/1/07 and every 3 years thereafter	
		with respect to cases commen	ced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$	117	,058.72\$	\$ 117,058.72	
(unsecured)	•	secured)	(pnority) + (Total)	
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred	dited and	deducted for the purpose of r	naking this proof of claim	
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>ıments,</i> sı	uch as promissory notes, pur	chase orders invoices itemized statements of	
running accounts contracts court judgments mortgages, security a DOCUMENTS. If the documents are not available explain. If the documents are not available.	agreemen documents	its, and evidence of perfections are voluminous, attach a su	n of lien DO NOT SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the			•	
proof of claim		,		
The original of this completed proof of claim form must be sen				
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or				
governmental units)	•	,		
BY MAIL TO BMC Group	BMC Gro	OR OVERNIGHT DELIVERY TO up		
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente	FILED NOV 2 7 2006	
1	1330 East Franklin Avenue El Segundo CA 90245			
DATE SIGN and print the name and title if any of the	creditor or	other person authorized to file		
this claim (attach copy of power of attorned)	ey if any)	1 Norman		
11-22-06 Jorman Frime Ch	arlene	Your Charlene	Pras	
D # 4			101201	

Name of Debtor Cas	se Nun			
Name of Debtor Cas	se Nun			
		nber		
USA Commercial Mortgage Company 06	6-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	ın]	Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address 11321242037759 O NEILL CHARLES いしょう () Neil (2340 ARMSTRONG LN		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	DEBTORS YOU DOF CLAIM THIS BORROWER HEL	BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A
RENO NV 89509	ľ	BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	ONE OF THE DEI If you have aire Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (77) 323-2873 Last four digits of account or other number by which creditor identifies debto				E IS FOR COURT USE ONLY
7174 or 7320		Check here replace or if this claim amen	a previously	filed claim dated
	etiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	-	alanes, and compensation (i	fill out below)	Other claims against servicer (not for loan balances)
☐ Money loaned ☐ Other (describe bnefly) Un	Inpaid co	empensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED 11-10 20542 28 063	3 IF CO	HIRT HIDGMENT DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your	ır claım	Check this box if yo	our claim is secur	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your clarentitled to priority		a right of setoff)	. 11 . 4 1	
UNSECURED PRIORITY CLAIM		Brief description of	_	П
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehicle \$ 75.	010
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	П	services for personal family of Taxes or penalties owed to go		* ''''
business whichever is earlier - 11 U S C § 507(a)(4)	冒	Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 72	5,3	11 84 \$		\$ 75,311,89
(unsecured)		cured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the pri				
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages security agreed DOCUMENTS If the documents are not available explain. If the documents	e <u>nts.</u> suc eements	ch as promissory notes pure and evidence of perfection	chase orders invo	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the filir proof of claim		·	•	envelope and copy of this
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pre for each person or entity (including individuals, partnerships, corporate to the comp	revailing	Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BMC Group BM6	AC Grou	R OVERNIGHT DELIVERY TO p CM Claims Docketing Cente		
P O Box 911 133	30 East	Franklin Avenue o CA 90245		
DATE SIGN and print the name and title if any of the cre this claim (attach copy of power of attorney in	reditor or		0	FILED DEC 11 200
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for	or up to 5	years or both 18USC \$5	152 AND 3571	USA CMC

FORM B10 (Official Form 10) (10/05)					
United States Bankruptcy Court	Dis	TRICT C	⊩ <u>Nevada</u>		PROOF OF CLAIM
S. COMMERCIAL MORTISAGE CO Case Number 06-10725LBR					
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative exp ny be filed	ense ansi oursuant	ng after the com to N USC § 5	mencement 03	
Name of Creditor (The person or other entity to whom the debtor owes money or property) WELLIAM W. OCIREW Name and address where notices should be sent Z Z 1 O Z SHAWNON DELL DRWE	else your giviii Che notic	has filed claim A ig particu k box if	you are aware the a proof of claim attach copy of silars you have never the bankruptcy of	relating to tatement	
AUDUBON, PA 19403 Telephone number 610 382-9283	addi the	ess on th	the address diffe e envelope sent		This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor		s claim	replaces amends a p	reviously file	d claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		U V	ages salaries a ast four digits of npaid compensa	nd compensate f your SS # _ atton for serve	
2 Date debt was incurred 30/04	3	If cou	rt judgment, d	ate obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ \(\begin{align*} align*	which is	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - 50 ounts ar	Check this box in of setoff) Brief Description Real Estate Value of Collate int of arrearage and claim if any in the set of the se	f your claim is n of Collatera Motor V ral \$UV and other char ts toward pur- family or hol to government ole paragraph of stiment on 4/1	s secured by collateral (including
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional charges	\$.	(unsécur e princip	ed) (second all amount of the	ured) (p	priority) (Total) h itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluin 8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attoring the state of the sign and print the name and title, if any, of the sign and print the name and	ents such acts court of the creditor	as promisudgment NAL DO ach a sur r claim, o	ssory notes, pur is, mortgages, so CUMENTS If nmary enclose a stampo	chase ecurity the ed, self-	THIS SPACE IS FOR COURT USE ONLY ED JAN 12 2007
Penalty for presenting fraudulent claim Fine of up to \$500 000 or			OG REW		USA CMC

EORM R10 (Official Form 10) (10/05)

POTAN BIO (Chiciai i chii 10) (1000)						
United States Bankruptcy Court	Dis	TRICT	OF	Nevada		PROOF OF CLAIM
Name of Debtor	me of Debtor Case Number				, the way with which third	
USA commercial Mortgage Longan	/ 10 1 / 1 ~ 1 ~ 70 ~ 1 0 13					
NOTE This form should not be used to make a claim for an adminis	strative exp	ense ar	ising	after the commencemen	t	
of the case. A request for payment of an administrative expense ma	y be filed	pursuan	t to	II USC § 503		
Name of Creditor (The person or other entity to whom the				ou are aware that anyone		
debtor owes money or property) O/aa () $Buch$				proof of claim relating to ach copy of statement	'	
Trustee of the Olga O'Buch Trust aated	givi	ng parti	cula	rs	ł	
Name and address where notices should be sent				ou have never received at e bankruptcy court in th		
Olga O'Buch 140 Gazelle Rd	case	٠.		• •	I	
140 Gazelle Kd				e address differs from the envelope sent to you by		
Reno, NV Telephone number (775) 851-4154	1	court.	HIC C	envelope sent to you by	1	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	•		_	replaces	د ادمان	our dated 12-9-06
identifies debtor	et th	ıs claın				arm dated <u>/2-9-06</u>
1 Basis for Claim				ree benefits as defined		
Goods sold		Ц	wag Last	es salaries and compe four digits of your SS	#	(IIII OUL DCIOW)
Services performed Money loaned				aid compensation for s		performed
Personal injury/wrongful death			fron	n(date)	to	
Other SPE Exhib + H				(date)		(date)
2 Date debt was incurred	3.	If co	urt	judgment, date obtau	aed	
February 2004						
4 Classification of Claim Check the appropriate box or boxes th	at best des	cnbe y	our o	claim and state the amou	unt of t	the claim at the time case filed
See reverse side for important explanations		Sec	ured	l Claim		
Unsecured Nonpriority Claim \$ 253,70/76	m aları	10	Ch	neck this box if your clai	m is sec	cured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	none or	arış	ght o	of setoff)		
only part of your claim is entitled to priority		4		nef Description of Colla		. 🗖 🔐
Unsecured Priority Claim		Ì		Real Estate Mot		
Check this box if you have an unsecured claim all or part of ventitled to priority	which is	1.		_		
		Section	ount ired	of arrearage and other claim if any \$ 39	narges <i>01. S</i>	at time case filed included in
Amount entitled to priority \$		L				
Specify the priority of the claim		Up to or serv	\$2 2 vices	25° of deposits toward for personal family or	purcha: housel	se lease or rental of property hold use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)	 	§ 507				
Wages salaries or commissions (up to \$10 000),* earned within	_. ,		•	_		units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \(\frac{5}{2}\) 507(a)(4)	ors 🔲		_	ecify applicable paragra	_	
	2.,					and every 3 years thereafter fer the date of adjustment
Contributions to an employee benefit plan - 11 U S C. § 507(a						
5 Total Amount of Claim at Time Case Filed	\$	رک کرار (Unsex		76 253/201-76 (secured)	(prio	253,761-76 (Total)
Check this box if claim includes interest or other charges in add	dition to th		,	(4444,		
interest or additional charges 6 Credits The amount of all payments on this claim has been	orgalita d	nd dad	inot-	d for the summer of	T	
making this proof of claim	creanea a	1111 UEO	wete	a for the burbose of	Tens	SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents, such	as pror	nisso	ory notes, purchase		
orders invoices itemized statements of running accounts contra	acts court	judgme	ents	mortgages security		
agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu						
8 Date-Stamped Copy To receive an acknowledgment of the fi	-					JAN 11 2007
addressed envelope and copy of this proof of claim.					JILL	JAN II COO'
Date Sign and print the name and title if any, of the sign of the	he credito	r or oth	er p	erson authorized to		
file this claim (attach copy of power of attorney, if any) 0 9 a 0 Buch						
Trustee /	6016	Bur	h	: Truster	[USA CMC
Penalty for presenting fraudulent claim Fine of up to \$500,000 or	ımprısonm	ent for	UD		JSC	1072502121
			~~	·· ~ Jome of oour 10 C		10,2000.